Virginia Department of Game and Inland Fisheries APPLICATION FOR DISABLED RESIDENT SPECIAL LIFETIME HUNTING, TRAPPING, FRESHWATER, SALTWATER FISHING LICENSE

Applicant's Name:	First	M: 131- T.::4:-1	T4	
(Please Print)		Middle Initial	Last	
Address				
City		State	Zip	
Daytime Phone Number	()	-	Date of Birth	
Sex: Male Fe	male			
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Disability from the Retirement Board A copy of the care (2) Photocopy of proclicense, DMV ID of DO NOT SEND (gned and dated the application r existing Virue Social Sector a recognized d you use to read of of residence eard, voter regional particular payable	d the application. on: ginia lifetime disabled urity Administration, d unit of federal, state of eceive medical service — You must provide of stration card, or other p	the Federal Veterans or local government. is is not sufficient. one of the following: a proof that you are a legista.	py of your Certification of s Administration, Railroad A COPY of a valid drivers gal resident of Virginia. ey order to:
DEPARTMENT LIFETIME LICE P. O. BOX 11104 RICHMOND, VA Voice: 804-367-10	ENSE SECTIO 23230-1104	ND INLAND FISHER ON or hearing impaired): 80		
HUNTER EDUCATION (You must check one to o I have a Hu I have beer	qualify for a h inter Education	unting license.)		
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July 1, 2003 Continue Over →

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I am receiving disability retirement be	<u> •</u>	-
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	OR	
activity. I have obtained affidavits medicine in Virginia, one of which is	of disability from two physicians licensed to 1	practice
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Signature		
	I hold an existing lifetime disabled lice. Fisheries. I am receiving benefits from the Social Disability. I am receiving benefits from the Feder Total Disability. (PARTIAL OR PERCENTAGE DISTINATION) I am receiving disability retirement be government. Povide a copy of your existing lifetime inistration, the Federal Department unit of federal, state or local government. I am totally and permanently disabled activity. I have obtained affidavits medicine in Virginia, one of which is DGIF. Please call (804) 367-1000.) S CERTIFICATION Is application I certify that the above interest and unable to engage in any substation the duration of my life. NOTE: A cense shall be guilty of a Class 2 misder in the state of the duration of my life.	I am receiving benefits from the Social Security Administration for a Permanent and Tota Disability. I am receiving benefits from the Federal Department of Veterans Affairs for a Permanent Total Disability. I am receiving benefits from the Federal Department of Veterans Affairs for a Permanent Total Disability. I am receiving benefits from the Railroad Retirement Board for a permanent and total dis I am receiving disability retirement benefits from a recognized unit of federal, state or loc government. Provide a copy of your existing lifetime disabled license or certification from either the dinistration, the Federal Department of Veterans Affairs, the Railroad Retirement Bounit of federal, state or local government stating that you are receiving benefit did total disability. OR I am totally and permanently disabled and as a result cannot engage in any substantial activity. I have obtained affidavits of disability from two physicians licensed to medicine in Virginia, one of which is based on a physical exam. (Affidavits are availab DGIF. Please call (804) 367-1000.) **S CERTIFICATION** Sapplication I certify that the above information is true and correct and that I am permanent and unable to engage in any substantial gainful activity by reason of my disability for the duration of my life. NOTE: Any person who knowingly makes a false statement these shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine tense shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine tense shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine tense shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine tense shall be guilty of a Class 2 misdemeanor, punishable by up to 6 months in jail, a fine tense shall be guilty of a Class 2 misdemeanor.

ADDITIONAL INFORMATION

This license(s) is valid for resident small game, resident trapping, resident freshwater fishing (except trout) or individual saltwater fishing only! The holder of this license(s) **IS REQUIRED** to obtain all additional state and local licenses, permits and stamps required by law (see hunting or fishing regulation pamphlets available where licenses are sold). Unless otherwise exempt, the current big game license, archery license, muzzleloader license, bonus deer permit, trout license, national forest permit, damage stamp, and other permits are required **IN ADDITION TO THIS LICENSE(S)** if you participate in these activities. A holder of a disabled lifetime freshwater fishing license may not fish in designated saltwater areas without a valid saltwater fishing license. A holder of a saltwater fishing license may not fish in freshwater without a freshwater license. See fishing regulations pamphlet for freshwater/saltwater demarcation lines. (Allow 4 to 6 weeks for delivery.)